



# Congressman David G. Valadao

## Constituent Services Privacy Release Form

**1. Fully complete the following fields. Please print legibly.**

Prefix	Name	Social Security	Date of Birth
Address		City	State
Phone Number		Email	

**2. Is this case on behalf of anyone else? (Circle one) Yes No**

**If yes, please provide their complete information below:**

Name	Social Security
Address	Date of Birth
Phone Number	Email

**3. Fully complete the appropriate section below for Immigration Inquiries. Please print legibly.**

Petitioner	Beneficiary/Applicant
Case/Receipt Number	Type of Application
Office where application is pending	Date Filed



# Congressman David G. Valadao

## Constituent Services Privacy Release Form

### Passport Inquiries:

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Application Date

Travel Departure Date

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Travel Destination

Passport Agency Location

### 4. Briefly describe that which you are requesting assistance for: *(Attach additional pages if necessary)*

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### 5. Sign and date:

Pursuant to the Privacy Act of 1974, I hereby authorize Congressman Valadao's office to obtain any information to assist me with the matter described above.

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Print Name

Signature

Date

### 6. Return this completed form to Congressman David G. Valadao at the address below:

Congressman David G. Valadao  
101 North Irwin Street, Suite 110 B  
Hanford, CA 93230